

~~Martha Beuman~~
 Town Barton County Allegheny MARYLAND

Died at Barton Month May Day 29 Y. 26 M. 26 D. 26 Native of Allegheny Occupation _____
 Date 190 2 May 29 Age 26
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living _____

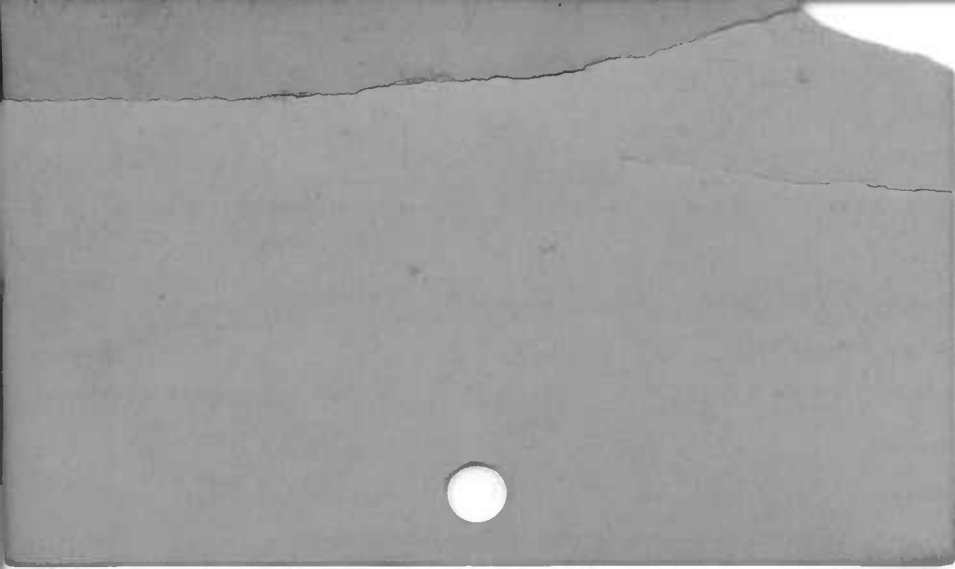
Husband of _____
 Wife _____

Father's Name George Beuman Mother's Name Martha Stewart
 Cause of Primary Bronchitis How long sick 3 days
 Death Immediate 90 Accident, Suicide, Homicide

Reported by J. H. Barchen

Address Barton _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Dannie D. A. Berlin

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 10

Age

56 - -

Pa

Hotel-keeper

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Diarrhea, Dysphoid -

How long sick

7 weeks

Death

Immediate

condition - cholera

Accident, Suicide, Homicide

Reported by

Chas. M. D.

Address

Cumberland, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

S A Boxwell

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May

30

Age

23

Md

Laborer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living.

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Unknown

Unknown

Cause of

Primary

Consumption 27

How long sick

1 year

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

E B Claybrook

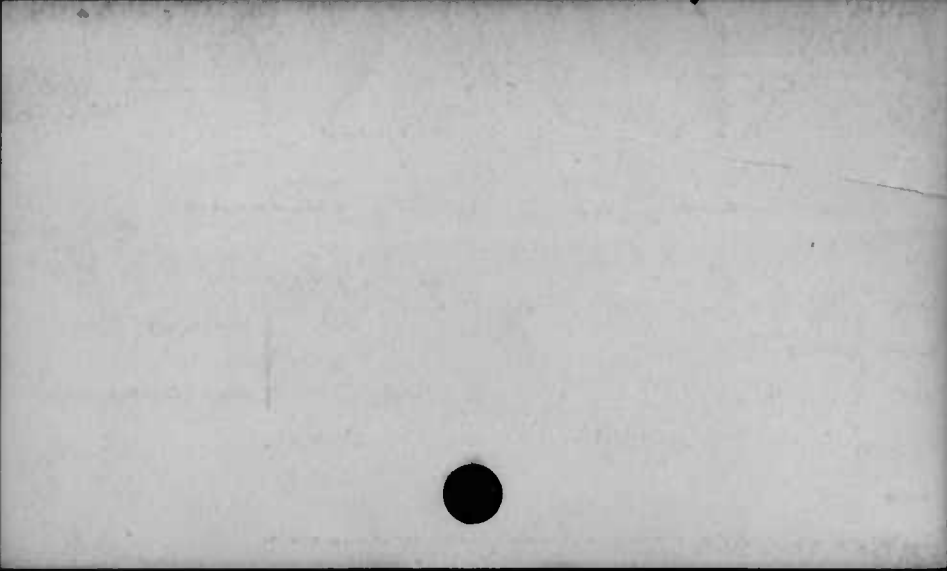
Address

J

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name in Full

Certificate of Death

Lida Wilt Braddock

Town

County

Died at

MARYLAND

Date

Month Day

Y. M. D.

Native of

Occupation

1902 May 10

Age 32 2 4

Ind

HW

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

White

~~Colored~~~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~Husband
of

Wife

Father's
NameMother's
Maiden Name

Cause of

Primary

Immediate

Death

How long sick

8 weeks

~~Self-sufficiency, homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name In Full

Certificate of Death

Mummae (still born)

Town *Cumby* County *Allegheny* MARYLAND

Died at
Date 19 *02* Month *5* Day *3* Age *1* Native of *Ma* Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single ~~Widower~~ Number of children living

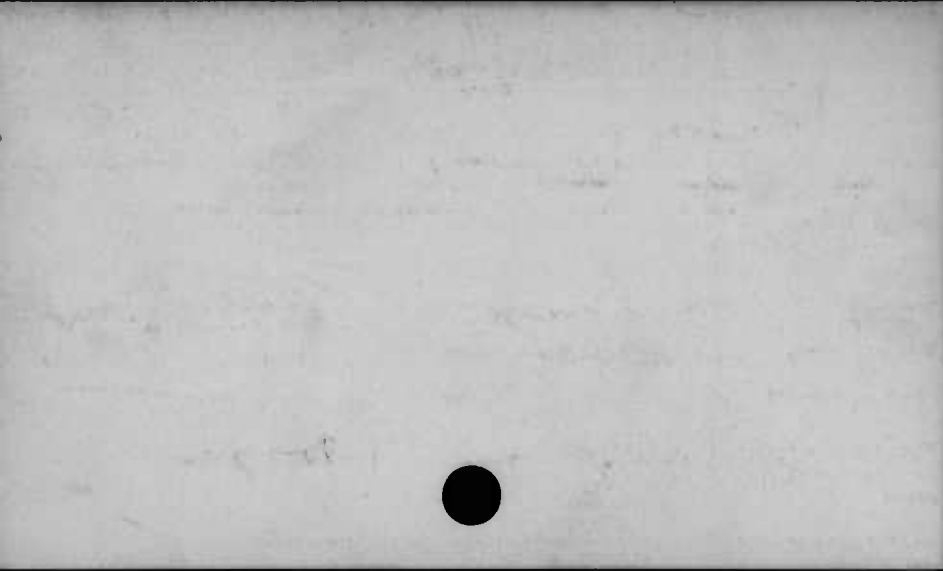
Husband of _____
Wife

Father's Name *Alfred Brown* Mother's Name *Pessie Jones*
Maiden Name

Cause of Death { Primary *Still born* Immediate
How long sick *1 day*
Accident, Suicide, Homicide

Reported by *Mary J. Fisher*
Address *Forbury Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Emma Jane Brown

Died at *Cumtucket* Town *Allegany* County MARYLAND

Date 19 *02* Month *5* Day *23* Age *40* Y. M. D. Native of *Ind* Occupation *—*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of *—*

Wife

Father's Name *—* Mother's Maiden Name *—*

Cause of Death { Primary *Paralysis* Immediate *Exhaustion* } How long sick *4 mo —*

66-

Accident ~~—~~ Suicide ~~—~~ Homicide ~~—~~

Reported by *W. F. Zwigg*

Address *Cumtucket, Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Margaret Cochrane

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Helen Mary Conway

Town

County

MARYLAND

Died at

Cumberland

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

May 18

Age

40

3

1

Cumberland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Das M. Conway

Pearl Keller

Annie

Cause of

Primary

Tuberculosis

How long sick

6 Mo. when

Death

Immediate

Cardio Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

G. L. Broadbent MD

Address

100 Va Ave

Levy-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Scott B. Corbett

Died at

Eckhart

County

Alling -

MARYLAND

Date

1902

Month

May

Day

9.

Y.

~~M.~~ ~~D.~~

Native of

Occupation

Alling Co.

Age

7

Married

Widow

Divorced

Male

White

Single

Widower

Number of children living

Female

Colored

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Dysph Thoria

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

McClintock

Address

Eckhart Mining Inst

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6508



Name in Full

Certificate of Death

Mr Valentine *Greutzburg*

Died at *Barton* Town *Allegheny* County MARYLAND

Date 1902 *5* Month *1* Day Age *82 yrs* Y. M. D. Native of *Germany* Occupation *—*

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *—*

~~Husband~~ of

Wife *Greutzburg*

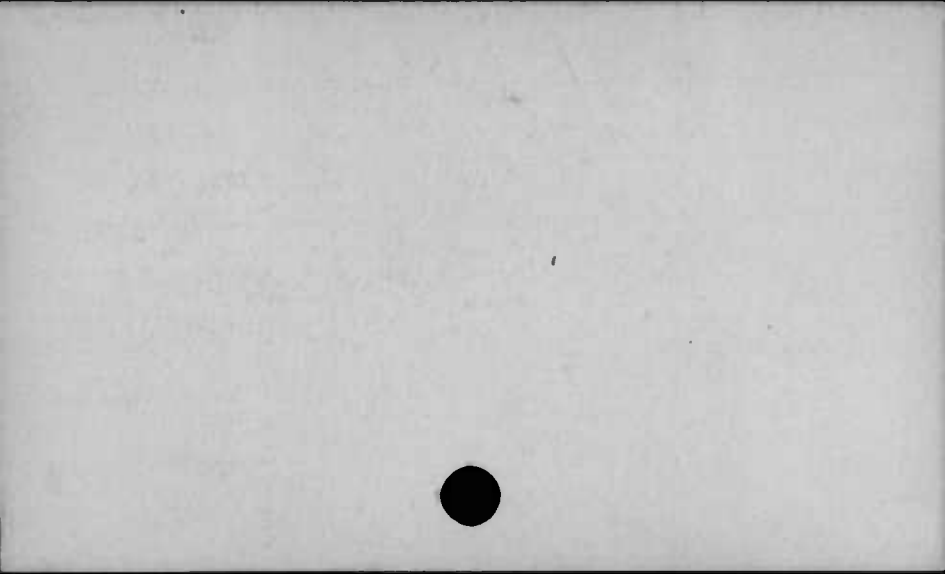
Father's Name *—* Mother's Name *—*
 Maiden Name *—*

Cause of Death { Primary *old age* Immediate *—* } How long sick *—*
154
~~Accident, Suicide, Homicide~~

Reported by *W Brothman*

Address *Somerset* *Med*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Victor Crosby

Died at

Pine

Town

Allegheny

County

MARYLAND

Date 19

02

Month

Day

5 26

Age

30

Y.

M.

D.

Native of

Virginia

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Crushed abdomen

How long sick

1 hour

Death

Immediate

Shock 16

Accident, ~~suicide, homicide~~

Reported by

J. M. Spear,
Cumberland

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

George C Diehl

Town

County

MARYLAND

Died at

Cumberland

accusing

Month

Day

M.

Native of

Occupation

Date 1902

5

12

Age

20

Cumberland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

P. S. Diehl

Mother's

Maiden Name

Elizabeth Smith

Cause of

Primary

Death

Immediate

Hemorrhage.

85

How long sick

Accident, Suicide, Homicide

Reported by

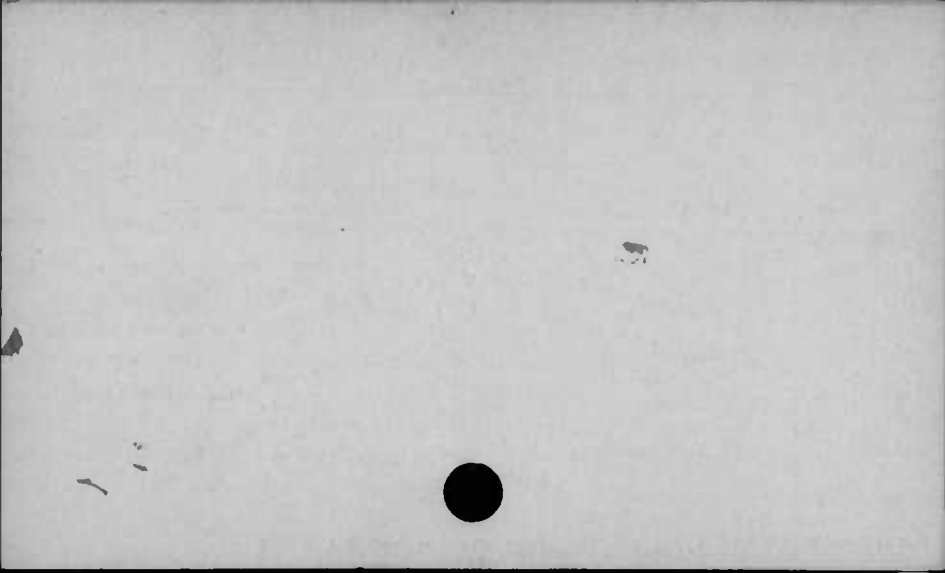
Lonis Stein

undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Augusta DiGioramo

Died at ^{Town} Cumberland,^{County} Allegheny.

MARYLAND

Date 1902 May 8

Age 35 - - Y. M. D.

Native of Italy

Occupation Laborer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

How long sick

7 weeks

Accident, Suicide, Homicide

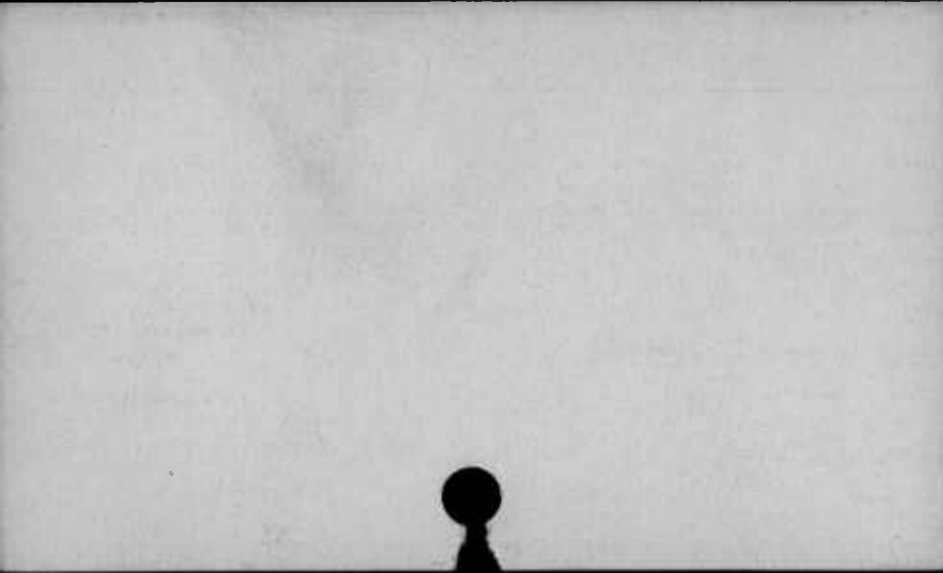
Reported by

Chas. M. D.

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Single~~

Widow

Widower

Divorced

Number of children living

2

MARYLAND

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Alburt Elizabeth Edwards
 Town County

Died at *Cumberland*

MARYLAND

Date 19 <i>02</i>	Month <i>May</i>	Day <i>17</i>	Y. <i>1</i>	M. <i>1</i>	D. <i>1</i>	Native of <i>Ind</i>	Occupation _____
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living _____			

Husband of

Wife _____

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

*Pneumonia**Exhaustion*

How long sick

One week

Accident, Suicide, Homicide

Reported by

Geo L. Broadrup M D

Address

*100 Va Ave**Cumberland Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catherine Fleckenstein

Town

County

Died at

Cumberland

Allegany

MARYLAND

Date 1902
 Month 5 - Day 6
 Y. M. D.
 Age 67
 Native of Germany
 Occupation Widow
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of George Fleckenstein
 Wife

Father's Name Helbig
 Mother's Maiden Name 46

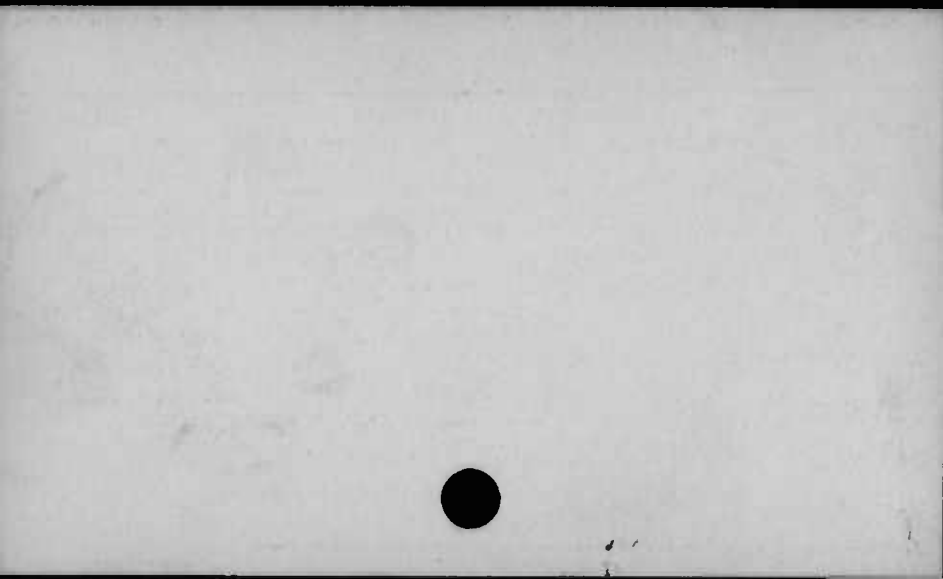
Cause of Death { Primary Tumor of abdomen
 Immediate Perforation (Colopec)
 How long sick Several months
 Accident, Suicide, Homicide

Reported by

J. W. Foltman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sebastian Fleckenstein

Town

County

Died at Cumberland Allegany

MARYLAND

Date 1902 May 4 Age 69 - -

Month Day Y. M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~ Blacksmith

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 10

Husband of _____

Wife _____

Father's Name _____

Mother's Maiden Name _____

Cause of Primary Disease of brain

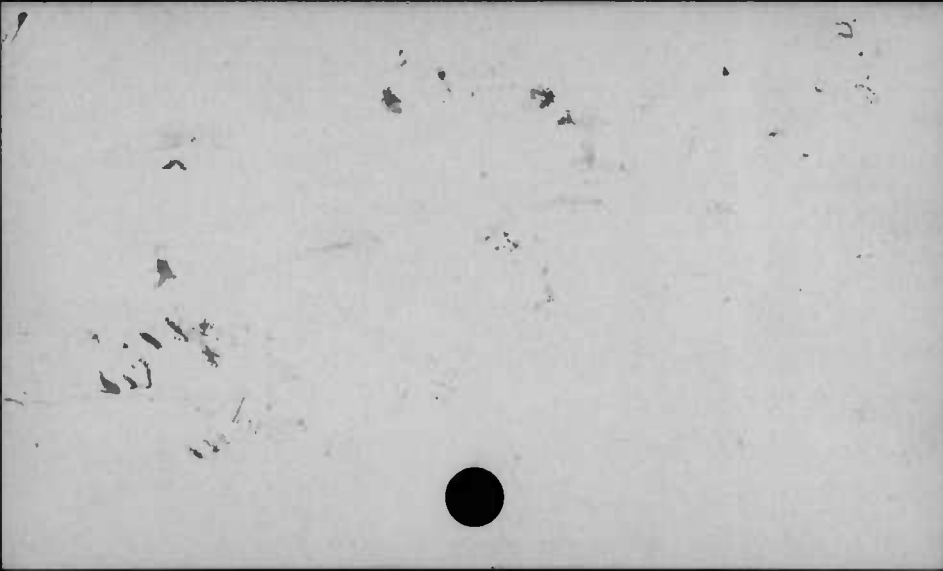
Death Immediate ~~Accident~~ ~~Suicide~~ ~~Homicide~~

How long sick One year

Reported by M. M. W. L. L.

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lifespan of Harry

Funk

Died at *Cumulative*

Town

County

Allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5 28

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Harry Funk

Mother's

Maiden Name

Mary Schmeisser

Cause of

Primary

~~Deformity~~

S.B.

How long sick

Death

Immediate

~~Side, Homestead~~

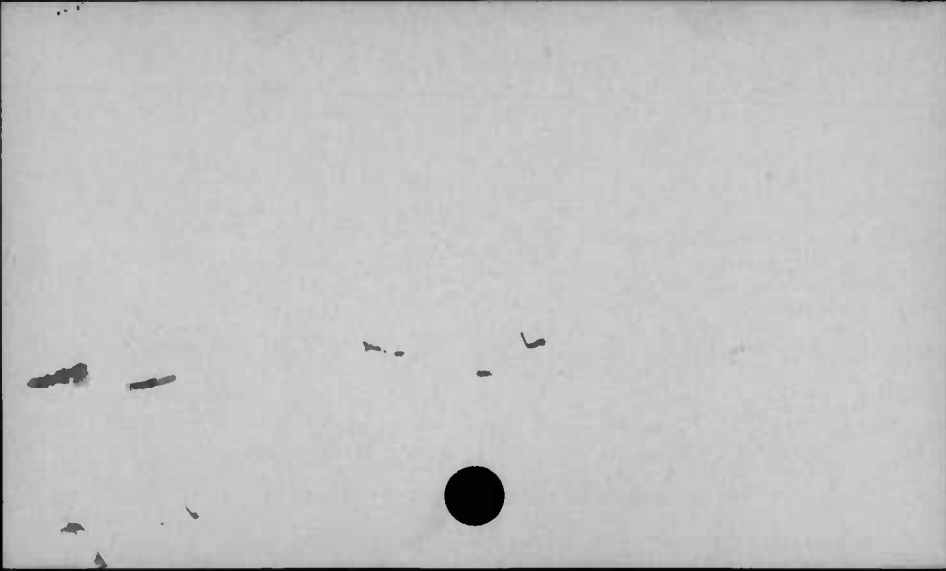
Reported by

H.B. Miller

Address

Cumulative

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas Gardner

Town

County

Died at

Barton

Allegheny

MARYLAND

Date 1902 May 12 Age 48 Y. M. D. 3 Native of Scotland Occupation Miner
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 4

Husband

of

Wife

Kate Dye

Father's

Name

Thomas Gardner

Mother's

Maiden Name

L

Cause of

Primary

Gunshot wound

Death

Immediate

How long sick

Instant death

~~Accident, Suicide, Homicide~~

Reported by

J. L. Boucher

Address

Barton

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alleda Roseanna Greenham

Town

County

Died at

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 May 20 Age 3 9 3

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

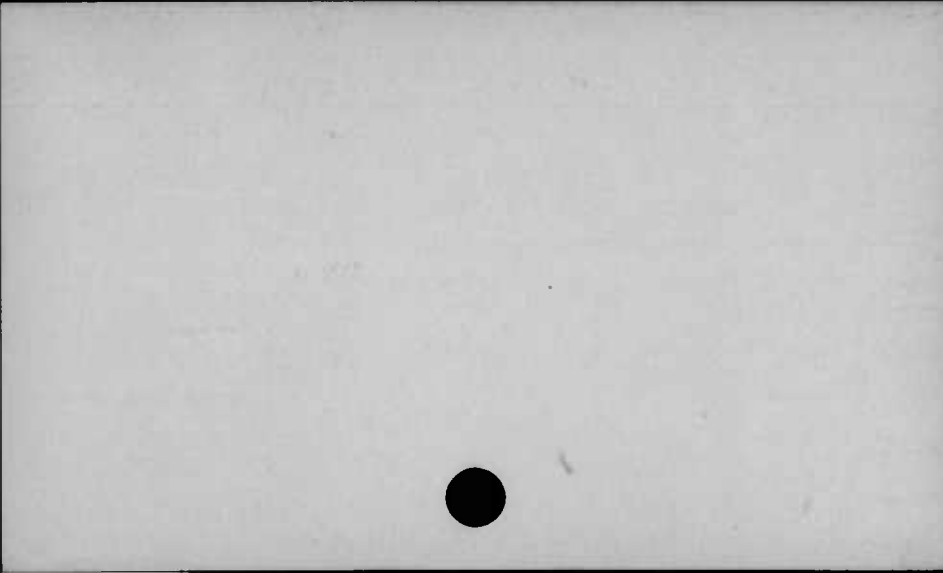
Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Hartsock

Town

County

Died at

Cumberland

Ceclegary

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Nativity of

Occupation

May 18

Age 23

Ind Clerk

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

W. H. Hartsock

Mother's

Maiden Name

Cause of

Primary

Tuberculosis of lungs

How long sick

9 mrs.

Death

Immediate

Dyspnoea

~~Accident, Suicide, Homicide~~

Reported by

H. V. Clausbury
Cumberland

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Catherine Heidebrant

Town

County

Died at

Tumbler

Cecily

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 4

Age

85

Widow

widow

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

old age

Death

Immediate

Exhaustion

How long sick

154
many months~~Accident, Suicide, Homicide~~

Reported by

J. J. J. J. J.

Address

Tumbler

Must be signed by physician, if any in attendance. otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at W. L. Loring ^{Town} Heiding ^{County} Bellevue ^{MARYLAND}

Date 1902 May 24 ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} Age 4 ^{Native of} ^{Occupation}

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's
Name

Mother's
Maiden Name

Ann. R. Heiding

Cause of Primary

Miscellaneous

How long sick

Death Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Edward Loring

Address

151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella May Rogel

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 5

Age

19 hours

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Fred. Rogel

Mother's

Maiden Name

Lizzie Hoffman

Cause of

Primary

Convulsions

How long sick

Since birth

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

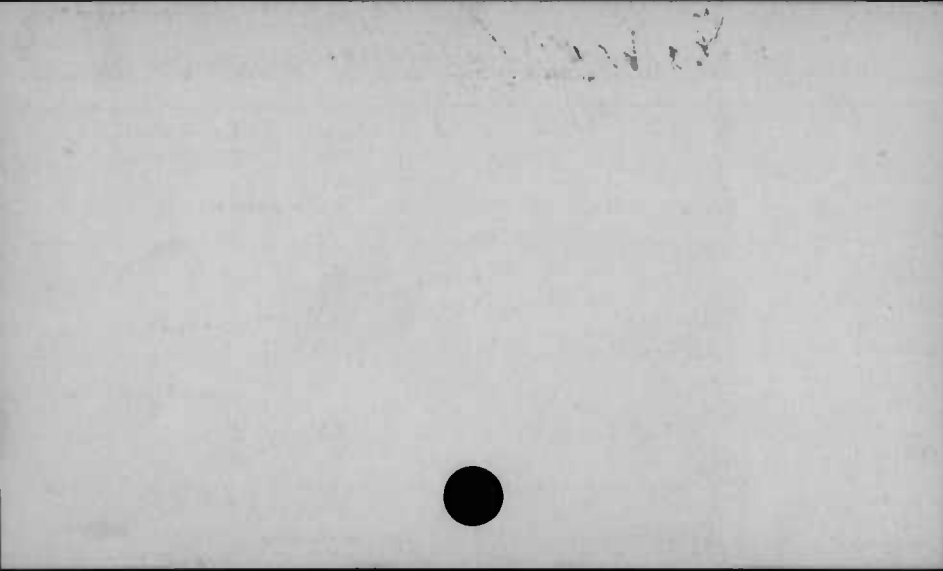
Reported by

A. H. Stansbury

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Geo. Edward Kovutz

Town

County

Died at

MARYLAND

Barton

Allegany

Date 1902 May 11

Age

Y.

M.

D.

Native of

Occupation

3 3

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

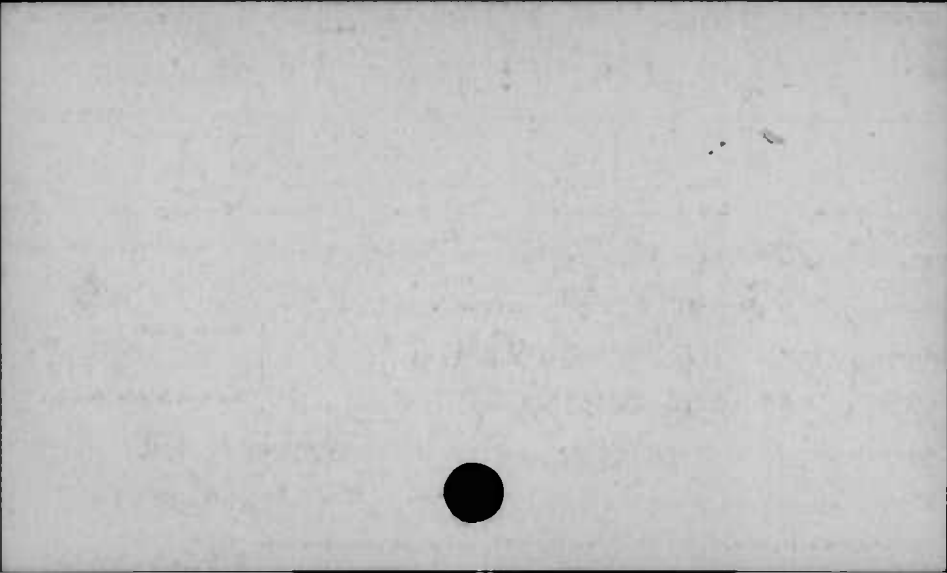


Name In Full

Certificate of Death

Name In Full **Harry Ky Kendall**
 Town **Cumberland** County **Allegheny**
 Died at **MARYLAND**
 Date 19**02** **May** **4** | Age **37** | Y. **—** M. **—** D. **—** | Native of **Maryland** | Occupation **Solicitor**
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living **—**
 Husband of **Jennie M. Endor**
 Wife **—** Ky Kendall Mother's **—**
 Father's Name **—** Ky Kendall Maiden Name **—**
 Cause of Death { Primary **Pneumonia** | Immediate **& exhaustion** } | How long sick **66** | **long weeks**
 { | | | ~~Accident, Suicide, Homicide~~ }
 Reported by **James S. Johnson, M.D.**
 Address **Cumberland Maryland**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rebecca Laferty

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 9

Age

84

Ireland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

two

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Bright's disease

How long sick

3 yrs.

Death

Immediate

Aorta - inanition

~~Accident, Suicide, Homicide~~

Reported by

H. H. Stansbury

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Certificate of Death

Harvey E MC Clelland

Died at Town County MARYLAND

Date 1902	Month May	Day 13	Y. 28	M. —	D. —	Native of Ohio	Occupation Laborer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

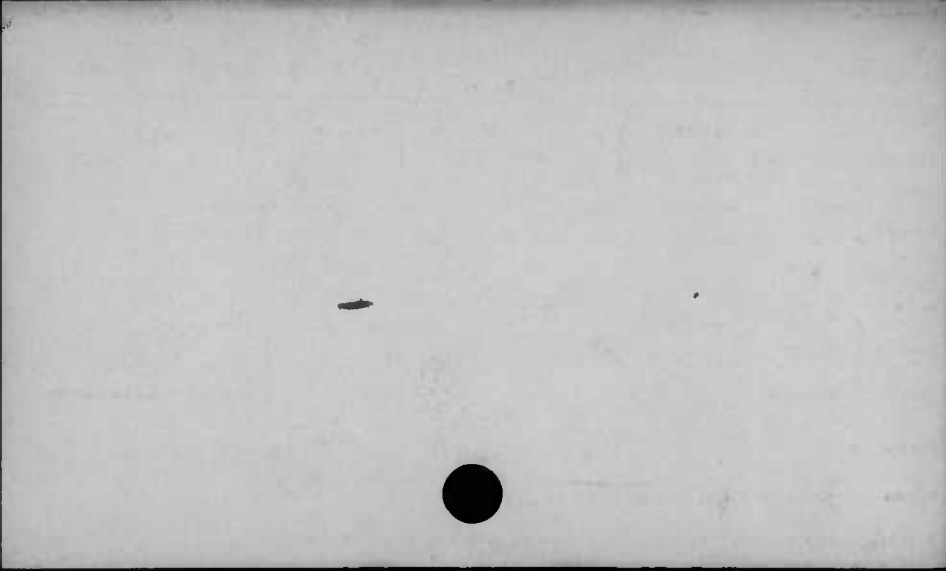
Father's Name William D. McClellan Mother's Maiden Name

Cause of	Primary	R'y Injury	How long sick	4 hours
Death	Immediate	Shock	Accident, Suicide, Homicide	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

John W. McKenzie
Town Narrows Park County Allegany

MARYLAND

Date 1902

Month 5 Day 16

Age 64

M. D.

Native of Md

Occupation

Laborer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Failure

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Wm J. Conine, Coroner.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Peter Mause

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 19

22

May 29

Age

21

Native of

Md

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

P. H. Mause

Mother's

Maiden Name

Ellie Kerns

Cause of

Primary

Dysentery

Death

Immediate

Convulsions

How long sick

14

2 weeks

~~Accident, Suicide, Homicide~~

Reported by

E. S. Slaybourn MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph Meads

Town

County

No 117

Tunnel Level

Aleganney Co

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

near 35

Md

Laborer

Married

Widow

Divorced

Single

Widower

Number of children living

2

Nora Troup

Divorced

Jeremiah

Mother's
Maiden Name

McClain

Primary

Lung Trouble

How long sick

2 Months

Immediate

Accident, Suicide, Homicide

Jacob Troup

99

J. J. Troup

Undertaker

LIBRARY BUREAU, 79808

Send me some cards and
envelopes

Name In Full

Certificate of Death

Name *Emma Meisel*
 Died at *Cumtverland* Town *Alleghany* County *MARYLAND*
 Date 19 *02* Month *05* Day *18* Age *35* Y. M. D. Native of *md* Occupation *none*
~~Male~~ White ~~Marrled~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name
 Mother's Name *45*
 Maiden Name

Cause of Death { Primary *Cancer* Immediate *Exhaustion* } How long sick *Unknown*
~~Accident, Suicide, Homicide~~

Reported by *G. L. Barber*
 Address *Cumtverland Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Katherine Murrey

Town

County

Died at

MARYLAND

Date 1962

Month

Day

Y.

M.

D.

Native of

Occupation

5 2

Age

67 -

Indiana

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Apoplexy, 7

How long sick

1 week

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

J. F. Fung

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Elizabeth Nichols.
 Town Landonning County Allegheny MARYLAND
 Died at
 Date 1902 May 2 Age 68 - - England Manufacturer
 Male White Married Widow
 Female Colored Single Widower Number of children living Six
 Husband of James Nichols (deceased)
 Wife
 Father's Name Benjamin Nichols Mother's Name
 Cause of Death Primary Immediate Chronic
 How long sick Some months
 Accidents, Suicide, Homicide
 Reported by B. Skilling M.D.
 Address Landonning, 100
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph C. Morris.

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 26

Age

65

Male

White

Married

~~Widow~~~~Divorced~~

Farmer

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis of lungs
Inanition

How long sick

2 yrs

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

H. H. Stansbury
Cumberland

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Infant of Chas Owens

Town

County

Died at

Lord

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5 - 1

Age

14

US

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chas Owens

Mother's

Maiden Name

Mellie Campbell

Cause of

Primary

Marasmus

Death

Immediate

How long sick

4 days

Accident, Suicide, Homicide

Reported by

O'Brien

Address

Lonaconing Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

42 m.

Aug 1891

Name in Full

Certificate of Death

Hance Peterson

Died at ^{Town} Eckhart ^{County} Alleg.

MARYLAND

Date ¹⁹⁰² May ³¹ Month Day Age ³⁶ Y M D Native of Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of { Primary

Death { Immediate

Cardiac Dropsy -

How long sick

79

Accident, Suicide, Homicide

Reported by

H. McCumrath

Address

Eckhart Minn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6586



Name in Full

Certificate of Death

Name in Full *Ms. Mary Roberts*
 Town *Donacoming* County *Allegheny* MARYLAND
 Died at *Donacoming* *Allegheny*
 Date 19*02* *May* *15* Y. *87* M. *D.* Native of *England* Occupation *Housewife*
Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widow* Number of children living *40*
 of *Thomas Roberts*
 Wife *Sam Price* Mother's *120*
 Name *Sam Price* Maiden Name
 Cause of *Chronic Hepatitis* How long sick *6 months*
 { Primary *Chronic Hepatitis*
 Death { Immediate *Pulmonary Edema* *Accident, Suicide, Homicide*
 Reported by *W.D. Skilling M.D.*
 Address *Donacoming*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Abella Rae
 Town *Sonacoring* County *Allegheny* MARYLAND
 Died at *Sonacoring*
 Month *May* Day *15* Y. *65* M. *2* D. *-* Native of *Scotland* Occupation *Housewife*
 Date 19*02*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widower ~~Widow~~ Divorced ~~Number of children living~~ *7*

John Rae
 of *John Rae* 40
 Wife *Wm. Ferguson* Mother's *Archie Muir*
 Name *Wm. Ferguson* Maiden Name *Archie Muir*
 Cause of *Cancer of Liver* How long sick *4 months*
 Death *Immediate* *Obclusion of gall duct causing jaundice* Accident, Suicide, Homicide

Reported by *James A. Bullock M.D.*
 Address *Sonacoring Maryland*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Callie Reed Rinehart

Died at

MARYLAND

Town
CrownCounty
Anne Arundel

Date 19

02 May 1935

Age

Y. M. D.
- 9 -

Native of

Md

Occupation

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

A.R. Rinehart

Mother's

Maiden Name

Cath. Reed

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

Spasms

~~Accident~~ ~~Suicide~~ ~~Homicide~~

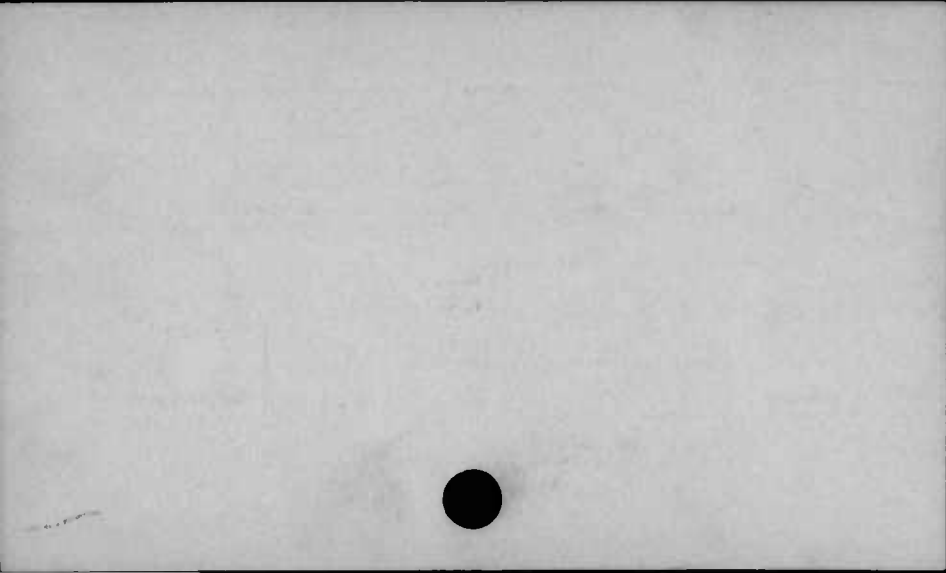
Reported by

CH. H. H. M. B. - 93

Address

Crown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Defant of Clem J. Robinett
 Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date 1902 ^{Month} 5 ^{Day} 19 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation}
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

Father's Name Clem J. Robinett Mother's Maiden Name Alice Clem.

Cause of Death { Primary Premature birth How long sick
 Immediate 151 Accident, Suicide, Homicide

Reported by S. H. Wailes, 151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband
of
Wife

Father's

Name

Cause of

Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, other, by coroner, undertaker or minister.

Robt Russell Sr

Mar 2nd

Towm

County

Allegany & Garrett

Y. M. D.

Age 75

Native of

Scot.

Occupation

Farmer

Married

Widow

Divorced

Widower

Number of children living

7

How long sick

3 months

Accident, Suicide, Homicide

Reported by

C. B. Brothman

Address

Lonsdale Md

MARYLAND



Name In Full

Certificate of Death

Alice Schenck (Schanck.)
 Town County

Died at

MARYLAND

Cambridge *Allegheny*
 Month Day Y. M. D. Native of Occupation
 Date 19 *02* *May* *16* Age *21* *me* *Printer*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *6*

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primery

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charlotte Scott

Town

County

MARYLAND

Died at

Lonaconing

Alleghany

Date 19

02

Month

Day

May 2

Age

Y.

M.

D.

None of

Occupation

none

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Hugh Scott

Mother's

Maiden Name

Fatie Arnold

Cause of

Primary

Meningitis

How long sick

10 days

Death

Immediate

Cerebral abscess

~~Accident, Suicide, Homicide~~

Reported by

W. B. Skilling, M.D.

Address

Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Harry Souders

Died at *Cumberland* Town *County* *MARYLAND*

Date 19 *02* Month *May* Day *15* Age *19* Y. M. D. Native of *Calif.* Occupation _____

Male *White* Married *Widow* Divorced _____

Female *Colored* Single *Widower* Number of children living _____

Husband of _____

Wife _____

Father's Name *Arthur Souders* Mother's *93 Ora Powell* Maiden Name

Cause of { Primary *Pneumonia* How long sick *2 days*

Death { Immediate *Exhaustion* Accident, Suicide, Homicide _____

Reported by *Geo. L. Broadus, M.D.*

Address *100 Van* *Calif.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Isabella Taylor

Town

County

Died at

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

5

23

Age

15

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

6 7 mos.

Death

Immediate

Heart Failure

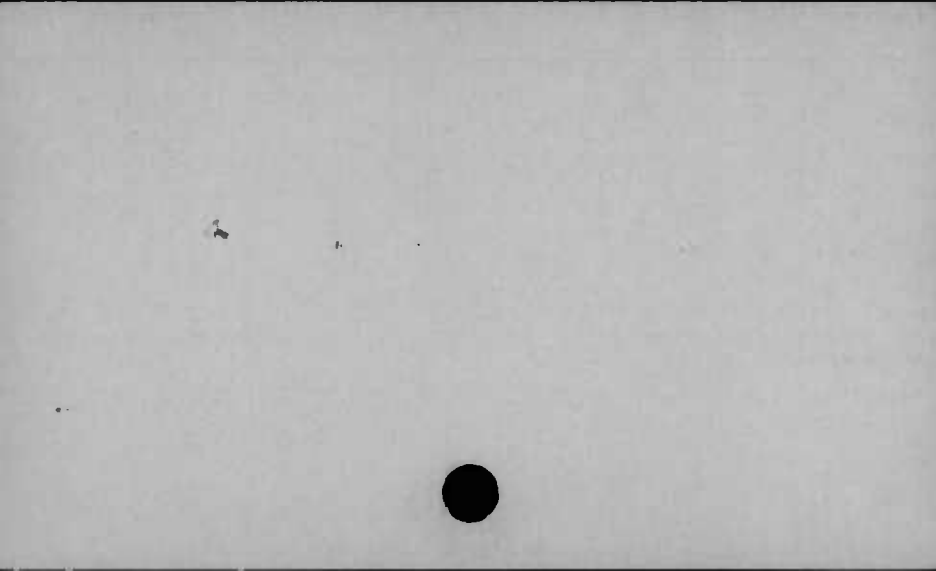
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068



Name In Full

Certificate of Death

Robert Thompson

Town

County

Died at

Cumb

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5

28

Age 35

—

P.W.R.

Soldier

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

R.R. Accident

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Wm J. Connor Carrier

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Turnbull (Turnbull)

Died at Moocross Mills Town Allegheny County MARYLAND

Date 1902 May 23 Month Day Y. M. D. Age 1 Native of Mid Occupation ---

Female White Single Widower Number of children living

Husband of --- Wife ---

Father's Name Robt Turnbull Mother's Name Florence Murphy

Cause of Death { Primary Capillary Bronchitis Immediate Pneumonia How long sick one week Accident, Suicide, Homicide ---

Reported by Dr. Killing Address Laurel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Argyle Twigg.

Town

County

Died at

Cumberland Allegany MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5 31

Age

24

Md

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Septicemia

Death

Immediate

Exhaustion

How long sick

4 to 6 weeks

~~Accident, Suicide, Homicide~~

Reported by

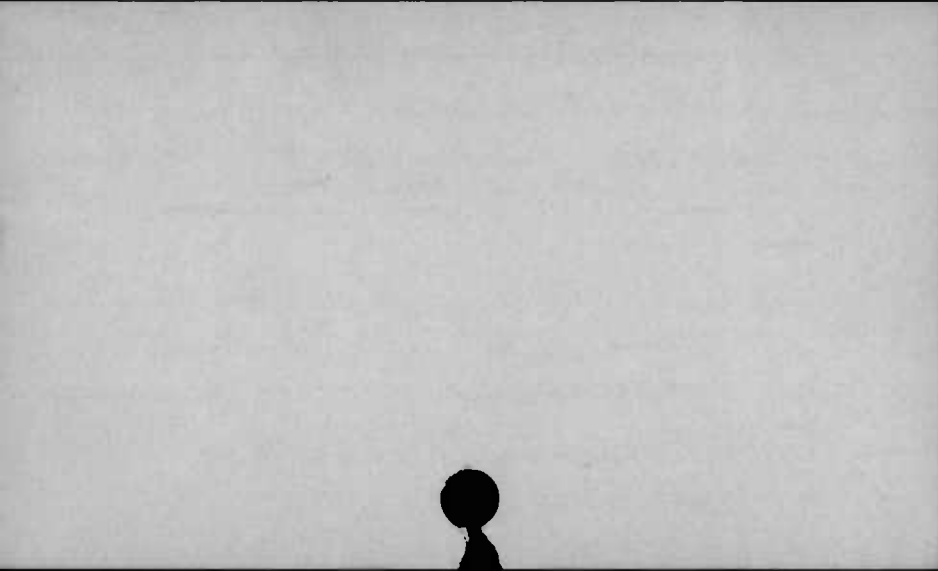
M. F. Twigg

Address

Cumberland

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant of Chas. E. Vanorsdale

Died at ^{Town} Cumberland ^{County} Accia.

MARYLAND

Date 1902 May 30 | Age - - - | Native of Mo | Occupation mine

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of —

Wife

Father's Name Chas. E. Vanorsdale Mother's Maiden Name Vina Brady

Cause of Death { Primary — Still-born | How long sick —
 Immediate unknown | Accident, Suicide, Homicide

Reported by Chas. E. Brace, M.D.

Address Cumberland, Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chas E. Vauorsdale

Name in Full

Certificate of Death

Plyde Weese
 Town County
 Died at *Cumt'd Allegany* MARYLAND
 Date 1902 *May 16* Month Day Y. M. D. Age *35* Native of Occupation *Railroader*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widow~~ Divorced ~~Number of children living~~

Husband of _____
 Wife

Father's Name _____ Mother's Maiden Name _____

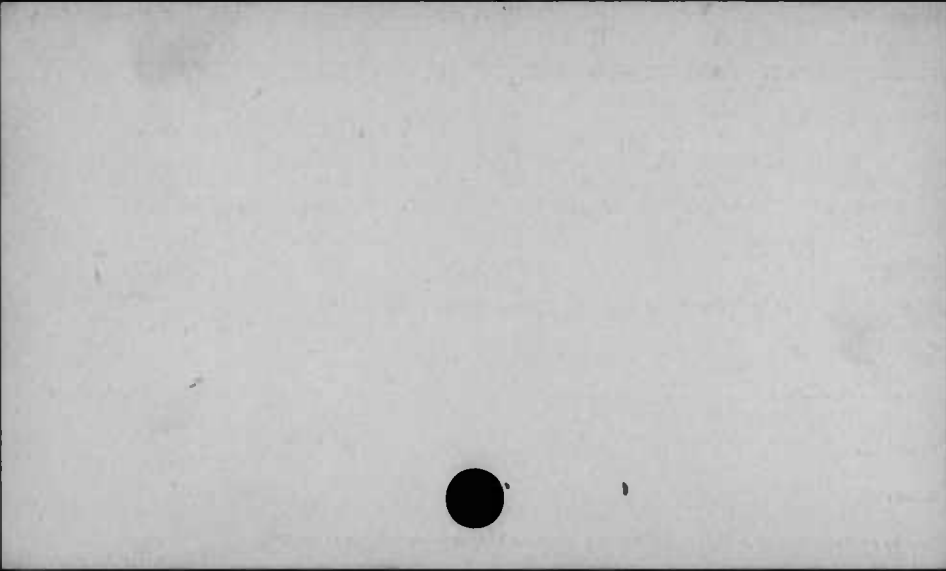
Cause of Death { Primary *R.R. Injury* Immediate *Shock* } How long sick *16* *few hours*
 Accident, ~~Swindle~~, ~~Homicide~~

Reported by *Wm Conner - Coroner*

Address *Cumt'd Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70608



Died at *So Cumberland* Town *allegany* County *MARYLAND*
 Date *1902* Month *May* Day *12* Age *54* Y. *5* M. *5* D. *5* Native of *Va* Occupation *Carpenter*
 Male *White* Married *Widow* ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *5*

Husband of *Mary A. Buttr*
 Father's Name *Emm Whitacre* Mother's Maiden Name *Mary Stickle*
 Cause of Death { Primary *Apoplexy* How long sick *Not at all*
 Immediate *Cardiac Exhaustion* Accident, Suicide, Homicide

Reported by *Geo. H. Broadbent, M.D.*
 Address *100 Va Ave Cumberland Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant of Sarah Brumby, Wiegand

Died at Cumberland County, MARYLAND

Date 1902 5-23 Month Day Year M. B. Age 6 hours Native of Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Henry Wiegand Mother's Name Sarah Brumby

Maiden Name

Cause of Death Primary Immediate Premature Birth

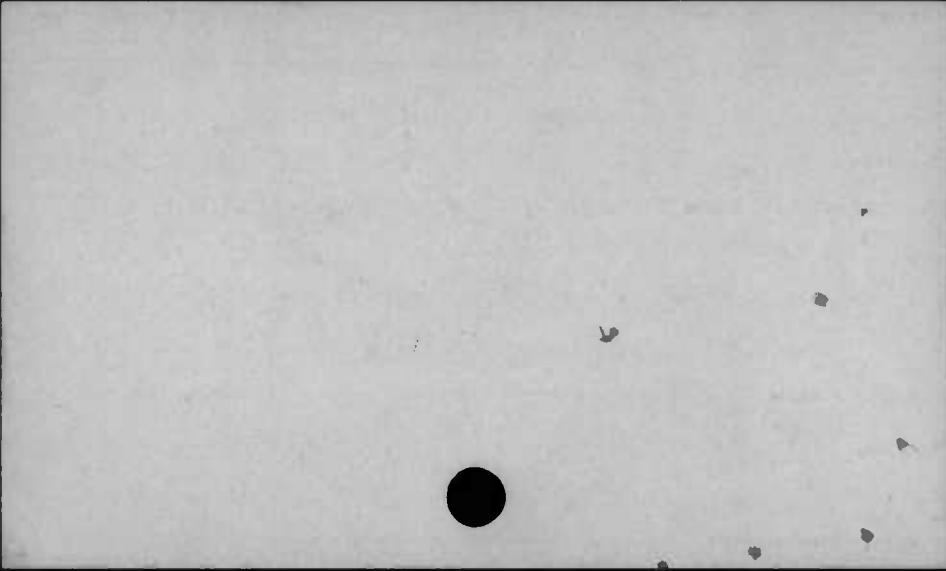
How long sick

Accident, Suicide, Homicide

Reported by W. F. Loring

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Geo. Wilkinson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 May 14

Age 45

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pulmonary Edema

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. B. Mc Donald, M. D.

Address

Cumberland, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Name in Full *Moss Wilson*
 Town *Linacoming* County *Allegheny* MARYLAND
 Died at
 Date 1902 *May 26* Month *May* Day *26* Y. *68* M. *-* D. *-* Native of *Scotland* Occupation *Miner*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☒ Divorced ☐ Number of children living *8*

Husband of *Margaret Long*
 Father's Name *Henry Wilson* Mother's Name *Euphemia Wier*
 Cause of Death { Primary *Cirrhosis of Liver* Immediate *Asphyxiated* How long sick *Five months*
 Accident ☒ Suicide ☐ Homicide ☐

Reported by *H. D. Shelling M.D.*
 Address *Linacoming*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Male

Female

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

Divorced

Number of children living

3

LIBRARY BUREAU, 75898

